

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/1534116

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	7		
2		1		7		
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20						
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34			1	1		
35			1	1		
36			1	1		
37			1	1		
38			1	1		
39			1	1		
40			1	1		
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			2	8		
TOTAL DEP.			19	19		
TOTAL CLAIMS			21	21		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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90						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			8	8		
TOTAL DEP.			19	19		
TOTAL CLAIMS			21	21		